

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

9/653717

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED ^B		AFTER ^C 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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4						
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10	/		/			
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36		/		/		
37		/		/		
38		/		/		
39		/		2		
40		/		2		
41		/		2		
42	/					
43		9				
44		2		1		
45		2		2		
46		2		2		
47		1				
48		2				
49		1		/		
50				/		
TOTAL IND.	4					
TOTAL DEP.	46					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52		/				
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100						
TOTAL IND.	5					
TOTAL DEP.	36					
TOTAL CLAIMS	41					